



Due By April 29, 2011

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ID# 111639

[Signature]

Rhode Island Ethics Commission

2010 YEARLY FINANCIAL STATEMENT

MICHAEL A TARRO
425 BROADWAY
PROVIDENCE RI 02909-

RECEIVED
RHODE ISLAND
ETHICS COMMISSION
11 MAY -2 PM 12:00

ALL QUESTIONS REFER TO THE CALENDAR YEAR JANUARY 1, 2010 THROUGH DECEMBER 31, 2010
UNLESS OTHERWISE SPECIFIED.

**PLEASE ANSWER ALL QUESTIONS AND WHERE YOUR ANSWER IS "NONE" OR "NOT APPLICABLE" SO
STATE. ANSWERS SHOULD BE PRINTED OR TYPED**, and additional sheets may be used if more space is needed.
For clarification of any question, read instruction sheet.

Note: If you are a state or municipal official or employee who is required to file a Yearly Financial Statement, a failure to file the Statement is a violation of the law and may subject you to substantial penalties, including fines. If you received a 2010 Yearly Financial Statement in the mail but believe you did not hold a public position in 2010 or 2011 that requires such filing, you should contact the Ethics Commission (See Instruction Sheet for contact information).

1. Tarro Michael A.
NAME OF OFFICIAL (LAST) (FIRST) (INITIAL)

2. 425 Broadway Providence 02909
HOME ADDRESS (STREET) (CITY/TOWN) (ZIP CODE)

Same

MAILING ADDRESS (if different from home address)

3. List Public Position(s) you hold and governmental unit:

Assistant City Solicitor
(PUBLIC POSITION)

Providence
(MUNICIPALITY, STATE OR REGIONAL)

State Representative District 8
(PUBLIC POSITION)

Rhode Island
(MUNICIPALITY, STATE OR REGIONAL)

I was elected on 11/2/2010 was appointed on _____
(date) (date)

I was hired on 10/3/1999
(date)

If you no longer hold a public position, state date of termination or resignation _____

4. List elected office(s) for which you were/are a candidate in either calendar year 2010 or 2011 (Read instruction #4)

Candidate for State Representative District 8 - 2010

5. List name of Spouse:

NAME OF DEPENDENT CHILDREN

Lynn M. Tarro

Michael A. Tarro, Jr.

Kaitlyn C. Tarro

Brandon R. Tarro

6. List the names of any employer from which you, your spouse, or dependent child received \$1,000 or more gross income during calendar year 2010. If self-employed, list any occupation from which \$1,000 or more gross income was received. If employed by a state or municipal agency, or if self-employed and services were rendered to a state or municipal agency for an amount of income in excess of \$250, list the date and nature of services rendered. If the public position or employment listed in #3, above, provides you with an amount of gross income in excess of \$250 it must be listed here. **(Do Not List Amounts.)**

NAME OF FAMILY MEMBER EMPLOYED	NAME AND ADDRESS OF EMPLOYER OR OCCUPATION	DATES AND NATURE OF SERVICES RENDERED
Michael A. Tarro	City of Providence Law Department 275 Westminster St Providence RI 02903	10/03/1999 to present Assistant City Solicitor
Michael A. Tarro	Law Firm	05/24/1994 to present

7. List the address or legal description of any real estate, other than your principal residence, in which you, your spouse, or dependent child had a financial interest.

NAMES	NATURE OF INTEREST	ADDRESS OR DESCRIPTION
Michael A. Tarro	Joint	425 Broadway, Providence, RI 02909
Michael A. Tarro	Fee Simple	433 Broadway, Providence, RI 02909
Lynn M. Tarro	Fee Simple	4 Lodgepole Lane, Greenville, RI 02828
Michael A. Tarro	Joint	95 Grove Street, Providence, RI 02909
Michael A. Tarro	Joint	87 Grove Street, Providence, RI 02909
Michael A. Tarro	Joint	100 Grove Street, Providence, RI 02909
Michael A. Tarro	Joint	104 Grove Street, Providence, RI 02909

8. List the name of any trust, name and address of the trustee of any trust, from which you, your spouse, or dependent child or children individually received \$1,000 or more gross income. List assets if known. **(Do Not List Amounts.)**

NAME OF TRUST: None

NAME OF TRUSTEE AND ADDRESS: _____

NAME OF FAMILY MEMBER RECEIVING TRUST INCOME: _____

ASSETS: _____

9. List the name and address of any business organization or other entity, whether for profit or non-profit, in which you, your spouse, or dependent child held a position as a director, officer, partner, trustee, or a management position.

NAME OF FAMILY MEMBER	NAME AND ADDRESS OF BUSINESS	POSITION
Michael A. Tarro	A. Tarro & Sons Funeral Home 425 Broadway, Providence, RI 02909	Owner
Michael A. Tarro	Michael A Tarro Law Associates 433 Broadway, Providence, RI 02909	Owner

10. List the name and address of any interested person, or business entity, that made total gifts or total contributions in excess of \$100 in cash or property during calendar year 2010 to you, your spouse, or dependent child. Certain gifts from relatives and certain campaign contributions are excluded. (See instruction #10)

NAME OF PERSON RECEIVING
GIFT OR CONTRIBUTION

NAME AND ADDRESS OF PERSON OR ENTITY
MAKING GIFT OR CONTRIBUTION

None

11. List the name and address of any business in which you, your spouse, or dependent child individually or collectively holds a 10% or greater ownership interest, or a \$5,000 or greater ownership or investment interest.

NAME OF FAMILY MEMBER

NAME AND ADDRESS OF BUSINESS

Michael A. Tarro

Michael A Tarro Law Associates
433 Broadway, Providence, RI 02909

Michael A. Tarro

A. Tarro & Sons Funeral Home
425 Broadway, Providence, RI 02909

12. If any business listed in #11, above, did business in excess of a total of \$250 in calendar year 2010 with a state or municipal agency, **AND** you are a member or employee of the agency or exercise direct or legislative control over the agency, list the following:

NAME AND ADDRESS
OF BUSINESS

NAME OF AGENCY

DATE AND NATURE
OF TRANSACTION

N/A

13. If any business listed in #11, above, was a business entity subject to direct regulation by a state or municipal agency, **AND** you are a member or employee of the agency or exercise direct or legislative control over the agency, list the following:

NAME AND ADDRESS OF BUSINESS

NAME OF REGULATING AGENCY

N/A

14. If you, your spouse, or dependent child individually or collectively acquired or divested a 10% ownership interest or a \$5,000 or greater ownership or investment interest in a business after January 1, 2011 and before the date you file this statement **AND** if said business was regulated by a state or municipal agency of which you are an employee or a member, or over which you exercise direct or legislative authority, list the following:

NAME AND ADDRESS OF BUSINESS

DESCRIPTION OF INTEREST (NOT AMOUNT)
AND DATE ACQUIRED AND/OR DIVESTED

N/A

NAME OF REGULATING AGENCY

HOW REGULATED

15. If you, your spouse, or dependent child individually or collectively acquired or divested a 10% ownership interest or a \$5,000 or greater ownership or investment interest in a business after January 1, 2011 and before the date you file this statement, which did business in excess of \$250 with a state or municipal agency of which you are an employee or a member, or over which you exercise direct or legislative authority, list the following:

NAME AND ADDRESS
OF BUSINESS

DESCRIPTION OF INTEREST
DATE ACQUIRED AND/OR DIVESTED
(DO NOT INCLUDE AMOUNT)

NAME OF STATE
OR MUNICIPAL AGENCY

N/A

16. If you, your spouse or dependent child were indebted in an amount in excess of \$1,000 to any person, business entity or other organization other than (i) any person related to you, your spouse or dependent child at any time within the third degree of consanguinity, or (ii) a financial institution regulated by any state or by the United States where such indebtedness is secured solely by a mortgage of record on real property used exclusively as your principal residence, or (iii) any indebtedness arising from transactions involving credit cards, please list the following:

NAME AND ADDRESS OF DEBTOR

NAME AND ADDRESS OF LENDER

Michael A. Tarro
Michael A. Tarro
Michael A. Tarro
Lynn M. Tarro
Lynn M. Tarro

Citizens Bank, PO Box 9799, Providence, RI 02940
CCO Mortgage, PO Box 42102, Providence, RI 02940
Citizens Bank, PO Box 9799, Providence, RI 02940
Citizens Bank, PO Box 42133, Providence, RI 02940
Citizens Bank, PO Box 42008, Providence, RI 02940

I certify under penalty of perjury, that this Financial Statement is a complete and accurate response to the questions presented as to the financial information and interests during the year 2010 of myself, my spouse, and my dependent children. I acknowledge that I may request an advisory opinion from the Ethics Commission as to my conduct under the Code of Ethics. I understand that a copy of the Code of Ethics will be provided to me at no cost upon request by contacting the Ethics Commission.

State of Rhode Island
County of Providence


SIGNATURE

Subscribed and sworn to before me at Providence

this 27th day of April, 2011

My Commission expires: February 25, 2012


SIGNATURE OF NOTARY PUBLIC

THIS STATEMENT WILL BE RETURNED IF IT IS NOT SIGNED AND NOTARIZED AND IF ANY
QUESTION IS NOT ANSWERED.